

07-14-03

9P-1654  
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/877,387	
	<b>Filing Date</b>	June 7, 2001	
	<b>First Named Inventor</b>	David S. JONES	
	<b>Group Art Unit</b>	1654	
	<b>Examiner Name</b>	M. Audet	
<b>Total Number of Pages in This Submission</b>	51	<b>Attorney Docket Number</b>	252312007500

**ENCLOSURES (check all that apply)**

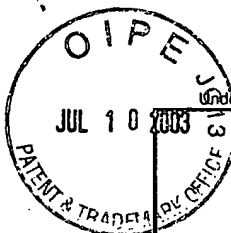
<input checked="" type="checkbox"/> Fee Transmittal Form w/copy (2 pages)  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply (47 pages)  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request (1 page)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)  1. Return Receipt Postcard
<div>RECEIVED JUL 18 2003 TECH CENTER 1600/2900</div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	MORRISON & FOERSTER LLP Rebecca Shortle - 47,083	 25226 PATENT TRADEMARK OFFICE
Signature		
Date	July 10, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 332780703 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22321-1450, on the date shown below.

Dated: 7/10/03      Signature: (Anthony Soljanich)



FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/877,387
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	June 7, 2001
1,216.00		First Named Inventor	David S. JONES
		Examiner Name	M. Audet
		Group Art Unit	1654
		Attorney Docket No.	252312007500
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number: 03-1952		Fee Code Fee (\$)	
Deposit Account Name: Morrison & Foerster LLP		Fee Code Fee (\$)	
The Commissioner is hereby authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Code Fee (\$)	
Fee Description		Fee Description	
Fee Paid		Fee Paid	
1001 750 2001 375 Utility filing fee		1051 130 2051 65 Surcharge - late filing fee or oath	
1002 330 2002 165 Design filing fee		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
1003 520 2003 260 Plant filing fee		1053 130 1053 130 Non-English specification	
1004 750 2004 375 Reissue filing fee		1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
1005 160 2005 80 Provisional filing fee		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
SUBTOTAL (1) (\$)		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
0.00		1251 110 2251 55 Extension for reply within first month	
		1252 410 2252 205 Extension for reply within second month	
		1253 930 2253 465 Extension for reply within third month	
		1254 1,450 2254 725 Extension for reply within fourth month	
		1255 1,970 2255 985 Extension for reply within fifth month	
		1401 320 2401 160 Notice of Appeal	
		1402 320 2402 160 Filing a brief in support of an appeal	
		1403 280 2403 140 Request for oral hearing	
		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
		1452 110 2452 55 Petition to revive - unavoidable	
		1453 1,300 2453 650 Petition to revive - unintentional	
		1501 1,300 2501 650 Utility issue fee (or reissue)	
		1502 470 2502 235 Design issue fee	
		1503 630 2503 315 Plant issue fee	
		1460 130 1460 130 Petitions to the Commissioner	
		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
		1806 180 1806 180 Submission of Information Disclosure Stmt	
		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
		1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))	
		1810 750 2810 375 For each additional invention to be examined (37CFR 1.129(b))	
		1801 750 2801 375 Request for Continued Examination (RCE)	
		1802 900 1802 900 Request for expedited examination of a design application	
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		205.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 95 -34** = 61 x 9 = 549.00			
Independent Claims 14 -3** = 11 x 42.00 = 462.00			
Multiple Dependent 140 = 0.00			
SUBTOTAL (2) (\$)			
1,011.00			
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Rebecca Shortle		Registration No. 47,083	
Signature		Telephone (650) 813-5654	
		Date July 10, 2003	

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